No. 300		OF HEALTH OF MISSOURI								
10.48	FILED SEP 6 1955 STANDARD CE	CERTIFICATE OF DEATH  State File No. 28334								
	BIRTH NO REG. DIST. NO.318									
O	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY admission).								
	b. CITY (If outside corporate limits, write RURAL and give township) OR township) TOWN St. Louis. Missouri	othis place)  TOWN St. Louis,  d. is Residence within limits of a city or incorporated jown?  Yes LX No								
ORI	d. FULL NAME OF (1/2 not in hospital or institution, give street address or to HOSPITAL OR INSTITUTIONS to Louis City Hospita	ADDRESS # 400 - 1								
REC	3. NAME OF a. (First) b. (Middle)	c. (Last) 4. DATE (Month) (Day) (Very)								
TZ	(Type or Print) Joseph M.	Znamenek DEATH 8 - 16 - 55  RRIED FOLS DATE OF BIRTH 19. AGE (In years) IF DROOK I YEAR   IF DROOK I YEAR								
NNE	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (8 No vor Marrie)	RRIED   8. DATE OF BIRTH   9. AGE (In years of UNDER 1 YEAR (Specific)   0 Ct - 20 . 1879   75   1887   75   1887								
PERMANENT RECORD	10a, USUAL OCCUPATION (Glyckind of work 10b, KIND OF BUSINESS C									
₽ F	13a. FATHER'S NAME 13b. MOTHER'S									
· ·		. Kobusch Nil.								
-маке	(Yes, no. or unknown)   (If yes, give war or dates of service)	CURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 1022 Thomas M. Brady, Public Adm.								
INK		eff Caraciasy Occles Interval Between ONSET AND DEATH								
1	*This does not mean ANTECEDENT CAUSES									
BLACK	the mode of dying, such as heart failure, asthenia, etc. It means the dis-									
	ease, injury, ar compileation which caused death. II. OTHER SIGNIFICANT CONDITIONS									
EIQ.	Conditions contributing to the death but not related to the disease or condition causing death.									
UNFADING	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION	420.1   20. AUTOPSY?								
USING	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in home, farm, factory, street, office bit	in or about bldg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
J [	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCU WHILEAT NOT WIND WORK AT WO	WHILE ("T.								
PLAINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased, and that death occurred at \$\frac{9}{5}\text{A}\text{ m., from the causes and on the date stated above.}									
	Balrick Caylor Cara	uld 1300 Clark 8.19.55.								
WRITE	TION REMOVAL (Proofer)	cemetery or crematory 24d. LOCATION (City, town, or county) (State) ection Cemetery St. Louis County, Mo.								
*	DATE REC'D BY LOCAL REGISTRAR'S SIGNATHRE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
	AUG 191955 REG. J. Earl Smith m.	.D   Albert H. Hoppe, 4700 Washington								
	(Licensed Emba	balmer's Statement on Reverse Side)								

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the	e body whose	name is	recorded	on the	reverse	side (	of this	certificate	was	emi
by me, or by						., Stud	dent E	mbalmer N	o	

working under my personal supervision..

Signature of Student Embalmer

m 11

Licensed Embalmer No.

P. O. Address A January

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.